Defaults for orders not otherwise specified below:
- **Interval:** Every 84 days

**Duration:**
- Until date: __________
- **1 year**
- _____# of Treatments

**Anticipated Infusion Date** __________

**ICD 10 Code with Description**

**Height** __________ (cm) **Weight** __________ (kg) **Allergies**

**Provider Specialty**
- Allergy/Immunology
- Cardiology
- Gastroenterology
- Genetics
- **Site of Service**
  - SH Gerber
  - SH Helen DeVos (GR)
  - SH Lemmen Holton (GR)
  - SH Pennock
  - SH Ludington
  - SH Reed City
  - SH United Memorial
  - SH Zeeland

**Appointment Requests**
- Infusion Appointment Request
  - Status: Future, Expected: S, Expires: S+365, Sched. Tolerance: Schedule appointment at most 3 days before or at most 3 days after, Injection

**Nursing Orders**
- ONC NURSING COMMUNICATION 109
  - Refer to Clinical Operations Ambulatory / Physician Practices for MedroxyPROGESTERone depot injection: https://spectrumhealth.policytech.com/docview/?docid=32998&anonymous=true
  - Patient may need urine pregnancy test prior to dispensing / administration of medroxyPROGESTERone depot injection

**Labs**
- Beta Human Chorionic Gonadotropin (hCG), Qualitative, Urine PRN
  - Status: Future, Expires: S+365, URGENT, Clinic Collect, Urine, clean catch

**Medications**
- medroxyPROGESTERone (DEPO-PROVERA) injection 150 mg
  - 150 mg, Intramuscular, Once, Starting S, For 1 Dose
  - Patient may require pregnancy test prior to pharmacy dispensing

**Telephone order/Verbal order documented and read-back completed. Practitioner’s initials __________**

**NOTE:** Unless Order is written DAW (dispense as written), medication may be supplied which is a generic equivalent by nonproprietary name.